

FILED DEC 11 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5574

S. 300
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goss Nursing Home		Length of stay in 1b 40 yrs		d. STREET ADDRESS 4820 E 18th St Terr		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle H Last BYNTER				4. DATE OF DEATH Month 11 Day 22 Year 57			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 1868		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate salesman				10b. KIND OF BUSINESS OR INDUSTRY Fortney R E Co		11. BIRTHPLACE (City and state or country) Mound City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A				13a. FATHER'S NAME No record			
13b. MOTHER'S MAIDEN NAME No record				14. NAME OF HUSBAND OR WIFE Dorothy Duncan			
15. WAS DECEASED ENRAGED IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 495-03-8361		17. INFORMANT BYNTER Address Dorothy Bynner, 4820 E 18th Terr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Atherosclerosis DUE TO (c) 332+ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Generalized Atherosclerosis						INTERVAL BETWEEN ONSET AND DEATH One month	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____					
21. I attended the deceased from 11-6-57 to 11-22-57 and last saw her alive on 11-18-57 Death occurred at 6:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert L. Ward, M.D.				22b. ADDRESS 4126 St John		22c. DATE SIGNED 11-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/25/57		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Sheil Funeral Home				ADDRESS Kansas City Mo		25. DATE RECD. BY LOCAL REG. 11-25-57	
26. REGISTRAR'S SIGNATURE neva Marshall							

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Robert L. Ward

1/25/57



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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

1/25/57